If *efficiency* is your first demand of a therapeutic preparation, you will decide on AGAROL for the treatment of constipation.

If *dependability* determines your preference for a therapeutic measure in the treatment of constipation, AGAROL will be your choice.

Because your patient must have *palatability*, freedom from oiliness and artificial flavoring, you will find in AGAROL the preparation your patient prefers.

Agarol is the original mineral oil and agar-agar emulsion with phenolphthalein.

Liberal trial supply gladly sent to physicians.

WILLIAM R. WARNER
& CO., INC.
113 WEST 18th STREET
NEW YORK CITY

AGAROL – *for constipation*

Cancer Prevention—A Task in Education*

By JOSEPH COLT BLOODGOOD, M.D.

Last Spring a great many of our readers requested another series of articles similar to those we published on syphilis and gonorrhea, on such diseases as tuberculosis, diabetes, cancer, etc. Through the very generous coöperation of Doctor Joseph Colt Bloodgood of Johns Hopkins University and his staff, we have been able to secure a series of articles on cancer, compiled especially with the public health aspect of cancer in mind. The material for these articles was nearly all drawn from published material, rearranged and condensed with Dr. Bloodgood's permission. We feel deeply indebted to him for being so exceedingly generous in allowing us to use his material in this fashion.

These articles do not attempt to go into the clinical aspects of cancer. We suggest that nurses wanting a brief review of the subject, send to the American Society for the Control of Cancer, 1250 Sixth Avenue, New York, N. Y., for its free pamphlet: *What Every Nurse Should Know About Cancer.*

TODAY we have sufficient knowledge of preventive measures to make a tremendous reduction in the mortality of such diseases as tuberculosis, cancer, heart disease, kidney disease, and many mental diseases in adults, and a much greater reduction in the number of deaths of communicable diseases in children. But preventive medicine has a much larger field than the prevention of deaths. Perhaps its most important effect is to preserve health, so that for the years an individual lives he not only experiences the joy of good health but its productiveness. Preventive medicine has a very essential economic importance. If what we know of preventive methods were really applied, people would be saved taxes, fewer hospitals would be needed, there would be a tremendous reduction in the care of people crippled by chronic disease, the number of patients in insane hospitals would be reduced, and the percentage of individuals today who not only suffer and get little enjoyment out of life but who must be supported entirely or partially by the family or the state, would gradually be lowered.

A PROBLEM OF EDUCATION

Developing preventive medicine to its fullest usefulness is chiefly a problem of education. In educational measures women have always taken a prominent place, and long before they were given a right to vote they were given an equal position with men on boards of education of public schools. When Johns Hopkins started its medical school in 1893 through the efforts and money raised by women, women were given the same rights and privileges and opportunities in the medical school as men.

From the beginning of the world the woman has held the most important position in the family. Her maternal instinct fits her for the preservation of the lives of her offspring. As yet, however, she has not shown the same ability to protect herself. Students of public health feel that there is need for a new health department in addition to federal, state, city and county; that is, the health department of the family, and this should be the mother.

Much as the professions of medicine, dentistry, and nursing, and the press and the radio have done, the message of preventive medicine has reached only thousands instead of millions, and many who have received the message have either not understood, or if understanding have allowed fear or prejudice to lead to procrastination and delay, which is fatal to the benefits of preventive medicine.

Physicians, dentists, and nurses have

*Reprinted in part from the *Journal of the American Association of University Women*, June, 1932.

already taken their place in modern medicine, but the physician and dentist need more time for research and more time to properly care for those who follow the advice of preventive medicine. The whole load of educating the public in preventive measures should not be left to them. The press is doing its part and will always keep the public informed on new discoveries for the benefit of the people. But the basic principles and facts of preventive medicine cannot be taught to the people by the press, any more than the press can undertake to teach any subject in the primary schools, high school, or university.

The technique of preventive medicine is based on periodic physical examinations of all. Where prevention is not possible, the diagnosis of diseases in the earliest stages gives the best opportunity for a cure. This is particularly true of cancer.

WHAT THE PUBLIC HEALTH NURSE CAN TEACH

It should be understood by every one that cancer never begins as cancer. Cancer begins in a single spot. The normal cells of that spot are changed to abnormal cells but are not at first cancer cells. We know that chronic irritation, an injury, and pre-existing little lumps like warts and moles, and unhealed wounds anywhere, are the sites in which cancer develops. When these spots are recognized and removed or treated before cancer has developed, cancer is prevented.

There is another very important fact for every one to know: The symptoms, signs, and warnings of little things that are not cancer and never will be cancer and of the little things that are not cancer but may be cancer, and the earliest stages of cancer, are identical. On this fundamental fact rests the advice that an immediate examination should be sought after the first warning. The chief value of annual examinations of all and semi-annual examinations of mothers is based upon the knowledge that at these examinations we may discover local conditions that precede cancer or other diseases, or even the earliest stages of cancer; for example, a dangerous mole may be found on the back where the patient can neither see nor feel it. No beautiful woman suffers from cancer of the skin, because she pays immediate attention to any skin blemish. The modern woman is teaching men how to smoke with the least risk of cancer because she keeps her teeth clean and smooth.

The method of preventing cancer and of detecting cancer in its earliest and most curable stage can be presented by the nurse simply and effectively in a few sentences.

Every lump that you can see or feel should be seen and felt by a doctor immediately.

Any one who experiences any new sensation in a bone or joint should ask his physician to have an X-ray examination made.

If women are examined within a week after the appearance of any symptom, their chances of having a cancerous lump are less than 10 per cent and their chances of a permanent cure are more than 70 per cent. If the breasts of women are examined periodically at the annual survey, or semi-annually, if they are mothers, at the pelvic examination, the probability of finding a cancerous lump is distinctly less, while the chances of accomplishing a permanent cure will be distinctly greater.

When people seek X-ray examinations of the stomach as they seek sodium bicarbonate when they have indigestion, cures of cancer of the stomach will increase tremendously.

One thing is important for every one to remember. If there is to be any fear of any disease, let it be in the beginning after the first warning and let that fear urge the individual to a proper examination. Fear at the end of a disease only adds to the discomforts and is not protective.

My experience teaches me that cancerphobia, hysteria, or any type of nervousness and anxiety about one's health, are never so dangerous as ignorance or procrastination after definite warning.

From my personal experience, nothing is easier to do than to relieve fear of a hopeless disease after a most thorough examination, when you can tell the patient that there is not the slightest evidence of anything serious.

Dr. Bloodgood, in the interests of the cause, has offered to answer any questions from our readers in relation to cancer. This is an unique opportunity to secure the opinion of an authority on any problems which you may have found in your work. Dr. Bloodgood hopes to receive enough questions to write an article dealing with the general subject of problems in the nurse's relation to the cancer patient.

In December—"Cancer of the Cervix—A Preventive Field."

OBJECTIVES OF THE WISCONSIN STATE HEALTH DEPARTMENT BUREAU OF CHILD WELFARE AND PUBLIC HEALTH NURSING

To carry on an educational program in behalf of maternal and child health.

To encourage the establishment and maintenance of local maternity and child health services by the various communities throughout the state.

To conduct demonstration child health centers, at which infants and children up to school age are accorded a physical examination and their parents advised as to their care and the protection of their health, and at which counsel is given to expectant mothers on matters of prenatal care, thereby emphasizing and teaching the need for and the value of medical supervision by the family physician for the expectant mother and the young child.

To provide information to parents on the care and protection of the health of their children and of the expectant mother, through distribution of literature, talks before group meetings, radio talks, newspaper articles, monthly prenatal letters for expectant mothers, the loan of posters and exhibits, and group classes for young mothers.

To assist teacher training institutions in infant hygiene instruction, and to lend assistance to schools in the teaching of the Unit Course in Infant Hygiene to school girls, with the aim that every Wisconsin girl will be educated for intelligent motherhood.

To coöperate with county normal schools and teacher training departments in providing health instruction for student teachers.

To coöperate and assist in the child health projects of various organizations.

To encourage and assist Wisconsin communities in establishing public health nursing programs based on efficiency and economy.

To assist employing bodies in securing public health nurses who meet professional requirements for certification, for local employment.

To receive and evaluate the reports of public health nurses employed by counties, cities, schools and private agencies, and to make recommendation for the improvement and development of the local public health nursing service.

To serve local public health nursing services throughout the state in an advisory capacity.

To conduct sectional group conferences with, and an annual State Institute for, public health nurses and members of civic committees employing them.

To promote a better understanding of aims, purposes and objectives of public health nursing services through local contacts with civic groups.

To assist in organizing and directing the work of public health nurses employed by the State Board of Health and the United States Indian Bureau for health work among the Indians.

To provide printed and other material meeting various demands of public health nurses.

—*Wisconsin State Board of Health Bulletin.*

A College Health Program*

By ETHEL VENMAN, R.N.

FOR five years I have been college nurse at Wooster, Ohio.

The majority of schools and universities have adopted fairly similar health programs, the main objectives being the maintenance of health and the development of a sense of health habits in the students which will give greater happiness and service in their future personal, family and community life. The mental, social, and moral phase of health as well as the physical should be emphasized in a true health program.

Our college enrollment approximates 800 students. Of this number, the freshman class comprises the largest percentage—usually around 400. Our staff consists of a medical director, who has given full time service in the past, two nurses, a secretary, a housekeeper, a helper and a janitor.

We have a 25-bed hospital, very well equipped with X-ray, diathermy heat lamps, ultraviolet and dispensary, and eye, ear, nose and throat service as well as operating room facilities. The service is maintained for students only. The medical fee which is a part of the student's tuition expenses entitles him to ten days' free care in the hospital and all dispensary treatment including X-ray. Extra charge is made for special drugs and service.

EXAMINATION ROUTINES

On admission to the school, a physical examination report of the student by the home physician is required, as well as a recent vaccination certificate. These are kept for reference. At the time of registration the student is given an appointment for a physical examination by the college physician.

During the first week of school, the students are inspected in the gymnasium by the various coaches and the medical director. This examination is necessarily rapid in order to classify the students for their respective gymnasium activities and restrictions, as soon as possible. The height, weight, temperature, pulse and heart examination as well as inspection of the feet, back, and posture observation and schematograph tracings are taken.

Aside from exercise classification, the examination discloses certain gross defects which may be remedied as soon as possible and infectious conditions.

The medical examination, which is a more leisurely one, is given almost entirely by the medical director. It is a very thorough, painstaking, and conscientious procedure covering, on an average, an hour's time. At the conclusion of it, the student's health or disease findings are related to him and he is given the opportunity of discussing them and the means of remedy or aid—thus making the conference educational as well as medical. The follow-up treatment, if any, is made a matter of personal responsibility, excepting in cases where the student is a menace to others. Duplicate copies of the physical examination are sent to the gymnasium department for ready reference.

HEALTH EDUCATION MEASURES

On our special bulletin board in our dispensary waiting room are placed the health bulletins from the American Medical Association regarding nostrums, frauds, and other matters of health interest. These bulletins are changed frequently. We subscribe regularly to *Hygeia*, and the copies form part of the literature of the dispensary.

The medical director has given frequent health talks on timely subjects, occasionally illustrating these talks by pictures. Unfortunately, the attendance is not required, hence the audience is sometimes slim.

The orientation health talk to the freshman girls was given by the nurse

*Read before the annual meeting of the Ohio State Nurses' Association, August 16, 1933, Cedar Point, Ohio.

last year. It was a splendid opportunity for early contact.

The physical education department teaches the hygiene course and correlates its teaching with the various activities. The student will usually do more for his sport or gym. instructor than he will for a doctor, and with the combined theory and practice this department is a close and powerful ally of ours. All gym. cuts, with the exception of the girls' regular monthly gym. cuts, are excused only by the medical director. He is also consulted on all matters regarding the health problems and injuries which are discovered in the gym., and the student's fitness for certain activities.

We endeavor to care for all our students during the regular office hours, and emergency cases only after these hours.

Special attention is given yearly to the prevention and care of ringworm and warts of the feet. We have the full coöperation of the physical education department in this.

SPECIAL CONDITIONS

Colds are treated symptomatically and are admitted to the hospital if indications warrant. We have not been able to isolate incipient colds but we are finding the students more coöperative in combating the early stage.

All illnesses in the dormitories are reported to the house-mother or matron, who investigates and reports to our department. If the patient is too ill to come to the dispensary, the doctor makes the call and either dispenses medication in his room with orders if the case is minor, or removes him to the hospital. Visitors to patients confined in the hospital are discouraged as far as possible. Only rarely are the opposite sex allowed to visit an ill patient, and then only when competently chaperoned.

A check-up is made on the milk and water, and the water in the swimming pool as well as the sanitation of the grounds, from time to time. All off-campus houses, where students room, are inspected and sanctioned for use. The reports on these are filed. Only a partial examination of the cooks and waiters is made, consisting of a throat smear, temperature check-up, and a Widal test. Our department also attends to the isolation and care of infectious and contagious diseases, rounding up contacts and controlling the spread of disease.

Our mental and maladjustment cases have come largely through the Dean's office. Because of the sympathetic and intelligent service of our medical director, many of these cases have been definitely helped, and are living normal, healthy lives as a result. The normal, healthy young adult we rarely reach, except at the initial health examination.

Our health program leaves much to be desired. There is a challenge to organize in our colleges more uniform and expansive programs of health. To inculcate good health standards and ideals in our students to the extent that they will not be satisfied by inferior or faddists' practices will add to rather than detract from the civic consciousness of health. Nor must we forget the many psychological and sex problems of the students at this very trying age.

We ourselves must be constantly on the alert, off duty as well as on, to detect signs of health disorder among the students. We must make our relationship tactful, sympathetic, and confidential. We must recognize the fact that we are examples, and as such must be inspirational as well as informative.

Public Health Nursing in Child Welfare Centers—Bulgaria

By BOIANA CHRISTOVA
and
MARGUERITA TSAKOVA

BEFORE the liberation of Bulgaria there was neither a medical nor a health service in the country. There were very few doctors acting as general practitioners in the big towns and these few were for the most part unqualified men, who used various herbs and domestic remedies to cure the people. After gaining her freedom in 1878, Bulgaria organized a medical service patterned after the Russian system. Because of the lack of trained doctors, a group of workers, similar to those in Russia, was created. These were men with special preparation in first aid. They were the only sanitary agents for many years. In the course of the early decades of this century many of these men, known as *Feldschers,* graduated and doctors were trained abroad and more hospitals were opened.

BIRTH OF PUBLIC HEALTH

In the early days the medical service was in the hands of a Superior Medical Council which made out certain sanitary regulations for the country. In the year 1903, this Council formulated a public health law. This was, however, a law developed along curative lines and little preventive work was done. After the World War, in Bulgaria as elsewhere, preventive medicine advanced with such enormous strides, that the revision of the 1903 Regulations became imperative and on April 1, 1929 the New Public Health Law was ratified. Preventive medicine formed the basis of this new law and it contains a special article concerning the preparation and work of the public health nurse.

The modern idea of preventive work and education in hygiene as a means to better health and the prevention of disease is not very widespread in Bulgaria as yet. We have an enormous task ahead of us. While we can speak of trained nurses in the country since 1900, when the Bulgarian Red Cross Society opened its school, organized under the direction of Russian sisters, still no public health nurses existed until 1923, when the first one completed the course in public health nursing given by the League of Red Cross Societies in London. This nurse was the first in the land to teach the principles of public health nursing and child welfare work.

INFANT WELFARE

The infant death rate in Bulgaria is very high, compared with many European countries. We are well aware of the fact that aside from poor economic and hygienic conditions, ignorance plays a tremendous rôle in this situation. The Bulgarian mother is not educated in the best means of caring for her children. Many unhealthy customs, old beliefs and superstitions are so deeply rooted in our daily national life, that it makes the struggle to teach new habits still harder.

The National Red Cross Society organized the first child welfare center in Sofia. It was opened in 1924 and in the course of two years had increased to seven centers. Four of these were supported by the local Red Cross and the other three by private organizations. In 1928 a consultation clinic for prenatal cases and another for nervous and backward children were organized in connection with one of the child welfare centers.

In these centers consultations are held at a regular hour each week in the City Ambulatoria, which are distributed throughout the various districts of Sofia

and well located for our work. The physicians working in the centers are all prominent pediatric specialists.

Until 1930 the work in the nine centers was carried by three nurses, two of them graduates of the International Course at Bedford College, London, and the third a nurse-midwife with special training in child welfare in Paris. These three nurses had to cover all the work of the centers but because of their inadequate number they were forced to limit their home visits to the poorer sections of the city. In 1930 the Municipal Health Department appointed two more public health nurses to work temporarily in the child welfare centers, and the following year the Sofia Branch of the Red Cross Society appointed a third, so at present we have six nurses on the staff. The number is still inadequate but the increase from three to six has already given such good results as to be apparent to the authorities and to stimulate our enthusiasm. We have enrolled many new babies, more mothers attend the prenatal consultations and better follow-up work is possible.

Towards the end of 1931, two more prenatal clinics were started in connection with the child welfare centers and the plan to have one attached to each center will soon be realized for the physicians are willing to give their services free, and the home visits to the mothers can be made by the nurse responsible for that particular center.

In 1931 also, students from the Pedagogical Department of the University started to work in the clinic for nervous and backward children. They examine, by various tests, the children who attend this clinic. Every child receives a complete physical and psychological examination at the same time.

Before the opening of the Sofia Health Center under the State Department of Health, the Red Cross centers served as training centers for public health nurses, but the training was more practical than theoretical, and of course limited to one phase of public health work.

THE NURSE-VISITOR

The Bulgarian word for public health nurse is "sestra-posetitelka" which literally means nurse-visitor. Her visits are instructive; she teaches the mother the best methods of caring for her baby and small children, as well as home hygiene. We find the mothers are always ready and glad to welcome the nurse in their home and eagerly follow the advice given. The type of mother varies greatly, from the best educated and wealthy to the lowest and most ignorant.

A SHARE IN COMMUNITY PROGRESS

Public health nursing in Bulgaria is still in a pioneer state. The nurses are working hard to show the public the need for more trained public health workers. At present they are playing and will continue to play an important rôle in the social reforms, which are taking place in the Municipal Social Welfare Department. The public health nurses are appointed on various committees and thus take an active part in organizing welfare work among the poor. The suggestion for organizing such committees was first given by the nurses, who felt that the distribution of material relief to the poor was not properly done and that the people needing it most did not receive it. People of other lands may not understand what a victory this is in a land where women have had no public life or influence and only fifty years ago were actually an oppressed group. For us it fans the flame of interest and inspires us to work even harder for the many causes we know to be just.

One must mention also the activities of the public health nurses outside of their regular duties. They have carried on a great propaganda campaign for public health nursing and preventive medicine. They help also on Red Cross Day every year. At this time, as part of the celebration, propaganda in various forms for health education, nursing, Junior Red Cross activities, etc. is disseminated among the public. Many lectures have been given by the nurses, not only in Sofia but in the provinces in connection with a travel exhibit which has been taken to many towns throughout the entire country. Courses for

mothers, children and young teachers have been organized on first aid, care of the sick in the home, baby care and personal hygiene.

Since the beginning of the public health nursing courses in 1929, the number of nurses is increasing and the work is developing rapidly and we are already looking forward to the day when we shall have an adequate body of well prepared public health nurses working for the betterment of the health conditions of our country. Perseverance is our slogan.

THE FIRST STUDENT AFFILIATION IN WEST VIRGINIA

"Coming from a large city where health work is well organized and well known to the community, I did not realize how little training in public health nursing there is in some localities. When we read Annie M. Brainard's and Mary Gardner's textbooks on public health nursing we sometimes forget that conditions we have thought of as belonging to the past are still existing. Here in West Virginia we have tried to keep up with progress. Up until March, 1932, there was no public health nursing organization in the State giving student affiliation. We, the Wheeling Chapter, American Red Cross, Public Health Nursing Department, are very proud to be the first to offer this educational experience.

We started our program with two hospitals affiliating, each sending us two students every three months. Due to employing graduate nurses for general duty and cutting down on the number of students entering, the Ohio Valley General Hospital felt it necessary to discontinue the affiliation for the time being. North Wheeling Hospital is still continuing and feels that the work is very beneficial to the students.

I always ask the students what value they have received from their three months' experience with us and some of their replies are here:

The chief reason why I am glad I have had this opportunity is because I have been able to learn things I never could have learned in the Hospital. For instance:

1. We are taught to improvise, but never to the extent that we learn in the home. I feel this will be a great help when taking up other branches of nursing.
2. We all believe that public health nursing is still progressing and will be taken up more extensively as time goes on. Here we are learning the foundation of it. This work gives the student an insight into public health nursing, which she may desire to take up after graduation.
3. Prenatal and welfare work are taught here in a manner one will always remember. Outside of this experience, textbooks have been our only source of knowledge in these subjects, and theory, without practice, is soon forgotten.
4. Without an active Out-Patient Department, the student has no other way of learning social work and home delivery service.
5. Many people are now advocating home care in communicable diseases and many communities have no hospital facilities to take care of such cases. This is the problem in Wheeling. This training is the only way the nurse may learn home quarantine, isolation, disinfection, under supervision, before graduation.

Lastly, I wonder if any nurse leaving a three-year hospital course has much understanding of community resources! The branches of social work and medical service in the community are foreign to the average student. In the hospital we care for the sick, but little is stressed about teaching, promoting health and preventing disease which, after all, is the big aim in both the medical and nursing professions.

If we get this point of view across to all students affiliating with this organization, I feel we are making progress in training nurses for public health nursing. In West Virginia, as in many communities, employers prefer native graduates. If this is true, our affiliation will encourage better trained workers, and we hope this insight into the field will induce a larger number of West Virginia nurses to take special post-graduate courses in public health nursing."

LOTTIE MATHISON, R.N.
Student Instructor, Wheeling Chapter, West Va. American Red Cross.

Hourly Appointment Nursing Service

Editorial Note: Those of our readers who have been following the activities of the three national nursing organizations, will remember that there was appointed a Joint Committee on the Distribution of Nursing Service which has reported from time to time in the pages of the *American Journal of Nursing* and this magazine. Two years ago this committee became one of the committees of the American Nurses Association with representation from the two other national nursing agencies. One of the most absorbing projects this Committee has had under way has been a study of hourly appointment nursing service, undertaken by a subcommittee of which Ruth Hubbard, Director of the Philadelphia Visiting Nurse Society, was Chairman, and to which, because of her interest in the Chicago experiment* Miriam Ames has contributed time and interest.

With the permission of the Committee we are publishing some of the findings of the study which seem to be of special significance to public health nursing agencies.

THE purpose of this study was to analyze the type of service which hourly nurses are called upon to give at the present time and to determine the effectiveness of administering this service under visiting nurse associations and registries.

The data for this study were collected from visiting nurse associations and registries throughout the country. Questionnaires were used to obtain necessary information preliminary to a two-months' survey of hourly nursing service as it is now being operated.

The first questionnaire was sent by a sub-committee of the National Committee on the Distribution of Nursing Service in the Spring of 1931 to 35 visiting nurse associations and 15 registries which were believed to offer hourly appointment nursing service. In all, 33 replies were received, 24 of which could be studied. The other agencies did not offer hourly appointment nursing service. The second questionnaire was sent in August, 1932, using the same mailing list employed in 1931. Replies were received from 29 visiting nurse associations and 10 registries.

Of the twenty-four services studied in 1931, twenty-one were operated by visiting nurse associations, two by registries, and one was conducted by a joint committee. Only four were carried on in coöperation with other agencies.

More than half the services could not report on the length of visits, but those replying indicated an average of from 52 to 90 minutes. The agencies replying were using the general record forms for their hourly work with few exceptions.

Charges showed a range of from $1.00 to $2.25 for the first hour, with a general charge of $1.00 for the second hour on the fractional basis.

The information presented on the returned questionnaires pointed to the fact that hourly appointment nursing service as generally conducted was not a success financially, the main reasons being:

Lack of funds with which to carry continued and adequate publicity

Lack of a clearly defined plan of organization

Failure of graduate nurses to recognize enlarged opportunity for service.

The scope of the 1932 study included reports from four registries and 19 visiting nurse associations in California, Connecticut, Delaware, Illinois, Indiana, Massachusetts, Michigan, New Jersey, New York, Pennsylvania, Rhode Island, Virginia and Wisconsin. The population of places ranged from the largest cities in the United States to those with a population of 34,000.

A study of the cases admitted by visiting nurse associations and registries indicates that the majority are diagnosed as acute illness. Chronic illness is second in importance. Maternity cases are cared for less frequently. (Table I.)

An analysis of the appointment hours shows that 69 per cent of all visits made by visiting nurse associations were made

*See PUBLIC HEALTH NURSING, February, 1933.

during morning hours and that 70 per cent of these visits were made between 9 and 11 o'clock; 65.4 per cent of all visits by registries were made during morning hours and 44 per cent of these visits were between 9 and 11. Visiting nurse associations made 22 per cent of their calls during the afternoon before 5 o'clock and 9 per cent of the visits in the evening hours. Registries made 29 per cent of their calls in the afternoon and 5 per cent in the evening.

TABLE I

Number and Percentage of Cases by Diagnosis

	V.N.A.s		Registries	
	Number	Per Cent	Number	Per Cent
Acute	265	66	109	68
Chronic	114	28.5	41	26
Puerperal	16	4	10	6
Undiagnosed	5	1.2	0	0
No Illness	1	.3	0	0
Total	399	100.0	160	100

TABLE II

Number and Percentage of Cases from Various Sources

	V.N.A.s		Registries	
	Number	Per Cent	Number	Per Cent
Family	213	53	71	44
Physician	161	40	56	42
Hospital	3	1	7	4
Other	22	6	16	10
Total	399	100	160	100

TABLE III

Number and Percentage of Cases by Economic Status

	V.N.A.s		Registries	
	Number	Per Cent	Number	Per Cent
Wealth	36	9	29	18
Comfort	280	70	75	47
Necessities	81	20	46	29
Poverty	2	1	10	6
Total	399	100	160	100

TABLE IV

Cost of Hourly Nursing Service Under V.N.A. and Registry Plan

	V.N.A.s	Registries
Total fees collected	$2,075.65	$1,239.00
Total number of visits	1,221	599
Average return per visit	$ 1.70	$ 2.07
Total number minutes (Visit and Travel)	100,824	83,734
Average cost per minute	2c	14c

Some of the conclusions from this study were:

Where possible, it would seem advisable that joint projects between visiting nurse associations and registries be stimulated in an attempt to meet a recognized need in the community, since it is evident from facts presented that each organization has a valuable contribution to make, which would result in a more effective and a more elastic community nursing program than where each agency works alone. This would facilitate the transfer of cases when additional or less expensive care is indicated, and the working out of definite policies on a coöperative basis which would eventually make for uniformity of fee schedules, techniques, instruction and supervision, methods of accounting and record keeping to secure a high standard of service.

If the service is to be extended, more educational effort should be directed to physicians and

hospitals. Emphasis should be placed on the practical application of the service to their specific needs in order that they will seek it on behalf of their patients.

At present hourly nursing is a service for adults. There is no reason why it could not be adapted to the care of children. Because of the large number of chronically ill and aged, it is important to have nurses who are sympathetic to the peculiar needs of these patients.

CLOSING THE 1933 HONOR ROLL

The following names close the Honor Roll for 1933 of those agencies holding 100 per cent nurse membership in the N.O.P.H.N:

MAINE

Bath Chapter, American Red Cross, Bath.
Belfast Chapter, American Red Cross, Belfast.
Brunswick Chapter, American Red Cross, Brunswick.
Ellsworth Branch, American Red Cross, Ellsworth.
Matinicus Island Service, American Red Cross, Matinicus Island.
School Nursing Service, Rumford.
South Portland Branch, American Red Cross, South Portland.

NEW HAMPSHIRE

Exeter Chapter, American Red Cross, Exeter.
Visiting Nurse Association, Fitzwilliam.
Groveton Branch, American Red Cross, Groveton.
Community Nursing Association, Littleton.
Milton Chapter, American Red Cross, Milton
Peterboro Chapter, American Red Cross, Peterboro.

NEW YORK

Cayuga County Chapter, American Red Cross, Auburn.

PENNSYLVANIA

Public Health Nursing Association, Pittsburgh.

Excerpts from President Roosevelt's address before the third annual conference on Mobilization for Human Needs held in Washington in September:

"We demand that local government shall do its share to the utmost, and then, if that is not sufficient, if those two features do not meet the needs, we come to the next unit, the state, and if that still is not enough, if the state has done everything it reasonably should do, then obviously the Federal government must step in, because, while it isn't written in the Constitution, nevertheless, it is the inherent duty of the Federal government to keep its citizens from starvation. . . ."

"There will be a tendency this year in obtaining the wherewithal for local relief for people to say, 'We can't do it.' I believe they can do it, bigger this year and more generously, more successfully this year than they could last. . . ."

"I believe today that you can go forth, in the spirit of the NRA, and work under it. You, of course, are going to work a great deal more than forty hours a week. I want to tell you that you are hereby absolved from the NRA—if you want to work seventy hours a week, go to it. The executive branches of the United States government, and some of the other branches of the government also are exempt. . . ."

"Your work has a twofold purpose. You are meeting the emergency and at the same time you are building for the future. Community chests are going to keep on just as long as any of us are alive—and a mighty good thing they are, too.

"I tell you very simply that you have a great responsibility on your shoulders, and I know that you are going to fulfill it. You are going back to your states and your communities and give them this message from me—this work is an essential part of the government's program, the program of the people of the United States to bring us back to where this country has a right to be."

A Deaconess of Ancient Rome Chats with a Present Day Public Health Nurse

By AGNES B. MEADE, R.N.

THE age in which I lived was no age of charity, but one much like yours of today, one of great liberality. The Rome of my day was practically without religious faith and the masses still held a kind of superstitious belief in the powers of the gods, and attributed disaster of any kind to their wrath. The Christian Church was slow in grasping the idea of the nature, and object of the Kingdom of God. There were no settled creeds and wide variations in beliefs had sprung up. The hopes of the early Nazarenes had identified Jesus with the Christ, and the brilliant mind of Paul had surrounded His career with mystical significance.

The Church was the great charity organization of my time. Men and women were called to a giant undertaking: to the renunciation of self and to a new birth into the Kingdom of Love. Special funds were set apart for the management of charitable enterprises and these lay in the hands of the Bishops. We Deaconesses performed the work, much like you nurses today, as district or social workers. We investigated the condition of the poor and reported cases of distress to the Bishop.

About the year 30 A.D., Tiberius reigned as Emperor of Rome. The civilized world had, during the reign of his predecessor, Augustus Caesar, enjoyed a period of general rest from the turmoil of war. I have heard it said that the conversion of Rome during the rule of Tiberius is considered one of the most important events in all history.

The Rome in which I lived was a city of marvels. The Eternal City, indeed! Art and music had been patronized, splendid structures, including temples, baths and aqueducts had been built. The population numbered well over a million. Marble palaces had their place, statues of bronze, great ampitheatres and green gardens lent beauty and charm.

But our work did not lie in this Rome Our world lay among the poor, for Rome had her slums as well as her palaces. The Rome we visited had narrow crooked streets, flimsily built, and the noisy crowd pushed and jostled us on every side. Indeed, it did take courage to brave the dangers of those streets, but our duty was to search out the sick and dying and our patients, like those you visit, were crowded into dirty squalid quarters in the lower and less healthful parts of the city. They, too, lived in tenements, many owned by landlords whose only thought was to increase their own incomes and rather than repair these homes, they often let them fall into decay. They rose four and five stories and the ground floors were given over to shops which seemed at times, to overflow into the streets. The ground floors had no windows. The streets were narrow, and butchers, bakers, money changers and wine merchants carried on their trades amidst an intolerable din.

I know you are wondering what the upper floors were like. They were divided into many single rooms or lodgings with small windows that looked out onto the street, or into a court yard around which the houses were built. Numerous stairways led to the rooms above. These ancient buildings were devoid of everything that could have contributed to the well being or comfort of the inhabitants and indeed many served only as shelters into which to crawl at night, or as a place to cook miserable meals when food was procurable.

You are asking how could this movement grow under such conditions? You know there is a comfort in religion and it seemed to take the vile slaves out of the slums in which they rotted, and

whisper to them that sacrifice was the very core of righteousness. There was a wondrous love in the preaching of it and coupled with it was an air of authority and certainty. Jesus had preached ethics and the religion He gave to us early Christians graced our lives with a special nobility. The Apostles to whom the leadership of the Church had been committed, found that they could no longer devote themselves to all the work required, so they asked for the selection of seven men of good report, full of the Spirit and wisdom, and from this appointment originated the male diaconate. Into its care the sick were given and these men combined the work of evangelization with the office of serving the poor. A large number of workers were recruited also from among women and many of us devoted ourselves exclusively to our own sex.

Then, much as you do today, we ranked equally with men, only our office was less conspicuous and we enjoyed much less publicity than you. We had an important work to do, especially in the times of rigid separation of the sexes.

You tell me teaching today is a large part of your work. Well, it was ours too,—and the administrative work as well. We ministered to martyrs and confessors in prison, instructed new followers in catechism, and assisted at the baptism of women. In general, we exercised oversight over the female members of the Church and occasionally made reports to the Bishops and Presbyters.

Can you picture one of us wrapped in the voluminous woolen coat of that period? One corner was fastened about the head as we went quietly from house to house and through the noisy, dirty streets. Can you see one of us enter a dark archway, cross an inner court, mount the rickety stairway that led to the miserable rooms above? No, we did not bring scientific treatment such as you do, nor did we carry a bag with carefully selected nursing supplies. We carried a basket filled with bread and meat, and often a bottle of wine.

Did we have chronics to care for? Oh yes, and many of them. There were also the lame, the blind and the paralyzed. Then there were wounds and sores of all kinds, and antiseptics such as you use were unknown in my day. Often a wound became infected overnight. Then too, fires were frequent and the streets being so narrow, escape was difficult. We had many burn cases to attend. We had no such splendid health departments as you can call upon and terrible plagues broke out again and again, and raged with terrific violence. Our object was to provide care for the sick and the poor in their own homes and to give such other aid from time to time to the poor and needy as seemed desirable. Each one of us carried on our own piece of work in a more or less individualistic manner, not at all like your closely-knit uniform method. And the Bishop was the head; money and supplies were procured through application to him.

Nor could we teach prevention, for prevention was an unknown science and who could teach people when they still believed that disease was sent to them as a just punishment for their sins?

Our order spread far and wide over the provinces of Asia Minor, into Spain, Gaul and Ireland. It was especially active in the Eastern Church. At first we retained control over our own property and a state law forbade us to enrich churches and institutions when we had dependents. Originally, when we were first organized, we were given the privilege of marriage, but in the second century, sentiment grew in favor of celibacy. I may say that rich and noble women were grateful for the privilege of entering this calling. Many of our groups were women of noble, lofty characters who possessed power of organization and leadership and many had the worldly advantages of great wealth and social position.

It is inspiring of you to say we laid the foundations of the nurses' calling and that we have been looked upon as the type and pattern of excellent works. I imagine much has been written about us—much that touches on what we were and much that we were not. But one fact I want to emphasize: we were not ashamed of the lowliest service, and we did not fail in the highest. We lived

sincerely in a time before much worldly ambition and selfishness had crept in.

Our spheres of activity were gradually limited and curtailed, because the men were ever reluctant to admit us to positions of authority. Some envied us our practical management and accused us of parading superior knowledge and experience and as a result, here and there, conflicts arose. We were forbidden to do public teaching, and we were urged to assume a role of humility, submissiveness, gentleness and homekeeping.

Do you know times do not change much? Just now you are enjoying positions of authority, but I imagine you may have many difficulties too—much as we did!

REFERENCES

Brainard, Annie M.—Evolution of Public Health Nursing.
Nutting and Dock—History of Nursing.
Goodnow, Minnie A.—History of Nursing.
Walsh, James J.—The History of Nursing.
Seymer, Lucy R.—General History of Nursing.
Myers, Philip V.—Ancient History.

ADMIRAL BYRD ADVOCATES HEALTH EXAMINATIONS

Before embarking on their hazardous journey to Little America, every member of the second Byrd Antarctic Expedition received a thorough physical examination.

Commenting upon this fact in a recent issue of the *Journal of the New York State Medical Society*, C. Ward Crampton, M.D., states that Admiral Byrd advocates medical examination for his personnel not only because of theoretical considerations but also on the basis of practical experience. As a result of the physical examination of the members of his first expedition, the captain of the "City of New York" was sent back to Norway and a new captain selected. Medical advice concerning individual members of the personnel was placed on file with the surgeon of the Expedition together with a complete physical record including data on blood grouping to serve as a basis for blood transfusion in case of emergency. The expedition, according to Dr. Crampton, returned without the loss of a man and with absolutely no medical or surgical mishap.

OUR CONTRIBUTORS

ETHEL O. VENMAN, R.N., is a graduate of Lakeside Hospital School of Nursing, Cleveland, O. At present she is college nurse at Wooster, Ohio. Previously she had clinical experience at the Henry Ford Hospital in Detroit.

DR. JOSEPH COLT BLOODGOOD is clinical professor of surgery and director of the Garvan Experimental Laboratory, Johns Hopkins University, Baltimore, Md. He is well known as an author of hundreds of articles and addresses on cancer, an indefatigable research worker, a member of the leading scientific associations and a great teacher. He is considered a leading authority on cancer.

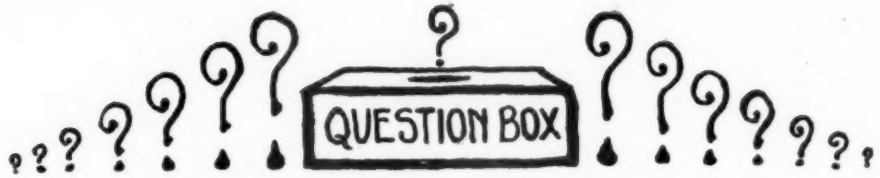
We hope our readers will take advantage of his offer (page 609).

BOIANA CHRISTOVA graduated from the Queen Eleanora School for Nurses in Sofia in 1917, and later completed a post graduate course in Public Health Nursing under the League of Red Cross Societies in London in 1922. Since that time Miss Christova has been employed by the Bulgarian Red Cross in its various health activities. She was the first public health nurse in the country and organized the work of the child welfare centers in 1924 and is now in charge of all this work in Sofia.

MARGUERITA TSAKOVA graduated from the American Hospital School for Nurses in Constantinople, Turkey, in 1924. This was followed by post graduate work at Bedford College which she completed in 1926, and since that time she has been employed in the Sofia Health Center and the Child Welfare Centers in Sofia, where she is now assistant to Miss Christova.

AGNES B. MEADE has been teaching History of Nursing at the Jewish Hospital in Cincinnati, Ohio for the last four years. She is a graduate of St. Vincent's Hospital, New York, N. Y. and holds a B.S. degree from Teachers College, Columbia University, and an instructor's diploma in Nursing Education. Miss Meade did some public health nursing in Athens County, Ohio, following the war, and is energetic in developing a public health point of view throughout her teaching.

The nurse who is "going places and doing things" pictured here is reproduced from the new N.O.P.H.N. poster being used at state meetings. Cuts of this nurse two or three inches high may be rented or purchased for local use from the N.O.P.H.N. at a nominal fee.



Have you a question about any phase of your work? Send your question on a post-card. Address "Question Box," care of this magazine. Answers will have the approval of the National Organization for Public Health Nursing. Names of inquirers will not be used.

QUESTION:

Is it not in keeping with the spirit of the NRA to restore the salaries of public health nurses that have been cut?

ANSWER:

It certainly is and even if an agency cannot reëstablish its former salary scale at this time, it might restore a small percentage to those in the lower salary brackets. Any increase in the purchasing power of the worker is in keeping with the effort of our Government to make economic recovery certain.

QUESTION:

Have you found the term *public* health nurse confusing to the uninitiated? Does it not associate all such nurses with public funds and programs of tax supported agencies? Do private physicians understand that public health nurses are frequently supported entirely from private funds? Might not the reaction of a group of doctors opposed to all forms of state or organized medicine be unfavorable to the word "public"?

ANSWER:

The N.O.P.H.N. is very much concerned with the problem presented by this reader. The answer to all her questions is "Yes"—but what to do about it? Would "community nurse" or "community health nurse" be a more easily understood and acceptable term to cover all types? Either one has a less formal sound and does not suggest public support on first glance. We suggest that each public and private agency give thought to this problem locally and employ the term that ensures the best community understanding, professionally and popularly.

QUESTION:

Who should own and launder the bag linings, cotton bags and aprons in a public health nursing agency? Is the apron a part of the bag equipment or the nurse's uniform?

ANSWER:

The agency usually owns and launders bag linings, cotton bags, aprons and towels. In this way uniformity can be maintained, the supply can be secured through volunteer sewing groups and an advantageous arrangement made with the laundry. The apron is carried in the nurse's bag and regarded as part of the bag equipment. It is the nurse's responsibility, however, to see that this equipment is always kept clean and fresh. It should be replenished from the agency stock room as frequently as needed without being extravagant.

ARE YOU MAKING YOUR CHRISTMAS LISTS?
FOR SUGGESTIONS SEE PAGE 135

BOARD AND COMMITTEE MEMBERS FORUM

Edited by KATHARINE BIGGS MCKINNEY

A BOARD MEMBER MOBILIZES HERSELF FOR HUMAN NEEDS

When the invitation to attend the 1933 Citizens Conference on Human Needs to be held in Washington, D. C., in September came to the desk of the president of the Community Chest in a small mid-western city, she said to the Chest executive secretary, "I don't think I shall attend this conference; it is a long, expensive trip. I have been connected so closely with the agencies in this community for many years, and know their needs so well that I do not anticipate getting enough inspiration and information to justify the trip."

The executive secretary merely said, "Yes?" Having been pretty well disciplined over a period of years by executive secretaries, the president knew that "yes?" meant she *should go,* and her plans were made accordingly. Here are some of her impressions of the conference:

One hundred and nineteen cities in 38 states were represented by 417 trained social workers, board members, campaign workers, and Crusaders who had come from Maine and California, from Oregon and Florida and most of the states between. That such a large number came from near and far to plan together to meet the human needs of their fellow men was in itself an inspiration, but when one took cognizance of the quality of the group, one felt highly honored to be a participant in this conference, and knew that unanticipated benefits were in store. It was glorified by the presence and leadership of President Roosevelt and Mrs. Roosevelt, of Frank B. Kellogg, Harry L. Hopkins, Mortimer Fleishhacker, Judge Morgan J. O'Brien, and a host of others whose names stand out conspicuously among those who have set the standards for our social structure.

That the President of the United States, occupied as he was at the time with details of his mammoth recovery program, and immediately with the vexing Cuban problem, should invite the conference to the White House, and take time to address it, was in itself an example to all who believe themselves too exalted in position or too busy to make their contributions in service to the fall campaigns.

It was heartening to hear the President say:

"You have a very great opportunity, not merely to keep people from starving, you have a further opportunity of inculcating the understanding that we have to build from the bottom up . . . not merely to supply food from the top down.

"I think you must go into this campaign with the right to expect greater success this year than last. Taking it by and large, the country is in a much more hopeful frame of mind. People have more money to spend, and more time in which to spend it. It isn't only the fact that a great many people have already been put to work, but the fact that people of property have been getting more from rents; there are fewer defaults on bonds and mortgages.

"Your work has a two-fold purpose. You are meeting an emergency and you are building for the future.

"You are going back to your states and give them this message from me—this work is an essential part of the government's program; the program of the people of the United States to bring us back to where this country has a right to be.

"So get to it, and make a record not only of money, but a record of service of which we shall all be very proud."

"Build from the bottom up," "the country is in a more hopeful frame of mind," "this work is an essential part of the government's program"—these are phrases with which we may conjure in our campaigns this fall!

Mr. Kellogg emphasized the limitations of Government aid and the necessity for the continuance of work by organizations supported by private subscriptions. He sounded the encouraging note that since 1928 contributions to

Community Chests have decreased less than one-sixth as much as taxable incomes, which he believed to be an indication that Americans realize that the hope of the human race is in the maintenance of a high standard of manhood and womanhood. The more fortunate give freely to maintain our standards.

The man at the conference who fired one with zeal whenever he spoke was its genial presiding officer, John Stewart Bryan, publisher of the Richmond *News Leader*, and president of Community Chests and Councils, Inc. At the very beginning he threw into the conference that question which was the first we heard after Federal Aid was begun, and which we shall be answering until campaigns are over this fall—"Why should the individual be called upon for anything when the federal, state and municipal governments are today carrying ninety-five per cent of the material unemployment relief load?"

Mr. Bryan's reply to this question deserves to be quoted in full, but a few quotations must suffice:

"The other five per cent is not a large part of the total cost, but that five per cent is the essential part, for without it the whole fabric would fall to pieces.

"We speak of moral obligation as a necessary and fundamental bond between men, without comprehending that it is the unifying force that binds each one of us to himself—you cannot represent to yourself an individual stripped of his social obligations, and the same is true for the individual's obligation to himself.

"There is an incomparable power in the human spirit that can create from its own wreck the thing it contemplates, and when once such a power is set free by the enlargement within a privileged soul of the social spirit, then the closed circle is broken, and the leaders go forward, dragging the blind, unheeding herd after them.

"We need to do more than reëstablish a standard of physical living. We must restore the standard of spiritual content. For of all losses that can affect mankind, not hunger, sickness, nor poverty, but spiritual destitution is the greatest.

"We have heard much of the forgotten man. It is up to us to see to it that in being remembered by his President at Washington he is not forgotten by his neighbor at home."

Mrs. Franklin D. Roosevelt is active chairman of the National Women's Committee which is conducting a Women's Crusade,* the purpose of which is to find out what the human needs are in the various communities and what are the social services required to meet these needs. Speaking at the dinner meeting, Mrs. Roosevelt emphasized the value of making contributors visualize cases. She said:

"I believe the time has come when the brains of this country, which have often been given exclusively to devising means for material prosperity are going to turn to other uses. Perhaps they will find a means to eliminate some of the human misery that has gone hand in hand in the past with much material prosperity."

One of the most encouraging notes sounded in the Conference were the statistics brought by Mortimer Fleishhacker, chairman of the Anglo-California National Bank, San Francisco, to prove that the New Deal in government and business has produced an upward curve in business. Mr. Fleishhacker called for a quickened conception of our responsibility for human needs and a New Deal in private giving.

Perhaps the most significant address of the conference was that of Harry L. Hopkins, Federal Relief Administrator, at the luncheon meeting on Friday. Mr. Hopkins made it clear that Federal funds go only a little beyond providing the physical necessities of life. Since the physical necessities of life constitute only about one-fourth of the requirements for satisfactory living, Mr. Hopkins warned communities not to forget the welfare programs administering to needs which are over and above the food and shelter necessities of human life, the child protective agencies, the youth and recreational agencies, the health maintenance and disease prevention agencies. His saying that "wherever communities do their part in supporting these agencies, the Federal Emergency Relief Administration will back up the coöperation of relief-giving organizations to the end that communities and the country as a whole shall benefit from a coördinated program taking into consideration human needs," filled his listeners with a determination to use their influence in securing sufficient local and state public funds to insure Federal re-

*See page 585.

lief, and to employ the force of their conviction and persuasion to secure private subscriptions to supply the satisfactions above the physical necessities of life.

In addition to the public addresses, the opportunity to compare problems and methods of solution with other volunteer workers, and to secure expert advice from the trained social workers in various fields who were present, was appreciated and cultivated to its fullest.

The president of the Community Chest from the small western city can do a better job in the campaign this fall because she attended the 1933 Mobilization for Human Needs, and she thanks her executive secretary for his brief but significant, "Yes?"

From Mrs. A. B. McGlothlan, President, Community Chest of St. Joseph, Missouri.

MY EXPERIENCES AS A VOLUNTEER WORKER IN A VISITING NURSE OFFICE

I am one of the unhappy group of mortals who were not born gifted with the art of expressing themselves cleverly on paper. However, in writing an article concerning my experiences with our Visiting Nurse Association in Pittsfield (Mass.) my task is a pleasant recreation. I shall simply let my enthusiasm run free on the subject for a time!

Last fall I was taken into the Junior League as a provisional member, and as it was my first year out of school my problem was to accomplish my required number of hours and have the time of my life at debutante parties, etc., at the same time. The Visiting Nurse office became my job merely because it happened to be the first suggestion offered me by the volunteer placement chairman. I admit this frankly and now thank some guiding arm or lucky star for leading this unthinking soul to the most interesting, most alive and vital office in our city.

My appearance: A very insincere expression of keen interest was planted becomingly on my visage. I had an engagement that first day to meet a friend at eleven, though I knew my duties would certainly take me until noon to finish well, and I was stupidly tired after a spree to New York. I know I was a terrific trial those first weeks. The nurses and what they were doing each day was just not part of my work. I admit that I was very bored at times and simply learned the work and did it. This is a very frank recital, but it is not a criticism. The problem of introducing a new volunteer into a busy professional office must be ever a disheartening one, and I admire the easy yet rather subtle manner with which it was done to me.

My duties: Probably all volunteer workers in my place are put to the same routine as I was. Records, insurance slips, discharging and readmitting patients; and then, if you stay around longer asking to help or to be taught something new, such a busy office really has to show you that you are a nuisance. That is the situation, but it needn't rest so indefinitely, and it did not in my case.

Our superintendent was very clever in her initiation of me. She would discuss some interesting article with me and then carelessly leave the pamphlet on my desk for me to read. Many times she would take me into her confidence about an especially interesting case. This stimulated my interest, and I gradually assumed the habit of asking the nurses how certain problems of the day before had worked out. Was Mrs. X going to allow the clinic to examine her puny little boy? Or had the child-wife of Mr. So-and-So gone to the hospital yet to have her baby? We even had social problems such as wandering husbands and delinquent children. Quite often a flaw in the transportation system would occur—a new hurry call, or a nurse waiting somewhere—then I would be called on to take my car and

speed around to fill in the gap. I will never forget one morning when we got word that a child was suffering from convulsions, and the doctor wanted a nurse immediately. All the nurses were on cases, but in looking over the list, I realized that one was just giving a baby a bath and should be almost finished, so I rushed to the house and told the nurse. She was very calm; did not drop the baby immediately and come rushing with me as I had expected, but set me to work holding the soapy little thing, running here and there for towels and clothing, and in no time at all it was warm, clean and asleep, and we were off to save a life in plenty of time, not having risked another by too much haste. As time went on, I was trusted a little more and I was given a few social service cases of my own. One was a little old French Canadian woman whose only friends were the visiting nurses. Her sickness was chronic, and frequent visits were not necessary, so that she felt very lonely and neglected. My job was to try to converse with her in her beloved French, (with my slight schoolroom grammar and her quick hybrid talk the conversations were interesting), and to assure her of the nurses' undying interest, and see that she took her medicine. I was also allowed to take children to clinic and distribute the invaluable cod liver oil to the undernourished children on our list.

My conclusion: Thus I was made to feel less like a convenience who could have paper work pushed at her because she had to stay in the office for a certain number of hours and was completely unfitted to do anything further than the most boring routine. I loved the office and all the people in it. My time was my own. If I wanted to run down to New York or Boston for a few days we talked over the most convenient time and I was always urged to go. In return I would come home eager to get in touch with the cases, and I tried to be always willing to fill in with extra afternoons to make up. I miss not being able to go on with the nurses now, but I am going to prepare myself for a future of my own, the inspiration for which was very much suggested by my volunteer job with the Visiting Nurse Association—that is, the study of bacteriology and more perfected ways of curing the sick. Yes, I am enthusiastic enough to become a real nurse and try to be really one of them, only there is one fact they never discovered about me! The sight of blood makes me faint!

ANNE WESTON.

Board and Committee Members! See Book Notes Section, page 630, for announcement of important reading material.

Locally and nationally public health nursing has suffered a severe loss in the death in Minneapolis in August of Mrs. William H. Lee.

Mrs. Lee was one of the guiding spirits in developing the pioneer nursing committee of the former Associated Charities of Minneapolis into the present well established community agency known as the Minneapolis Visiting Nurse Association. As President of the Association for almost ten years she succeeded in keeping the service closely and harmoniously associated with the other health and social service groups in the community. One of her chief interests was the development of four substations of the V.N.A. and the maintenance at each substation of case committees through which board members and workers in related fields were kept closely in touch with the actual work of the nurses.

Nationally, Mrs. Lee gave likewise of her interest and energy. She was a member of the Board and Committee Members Section of the N.O.P.H.N. a generous contributor to the organization and an active participant in several Biennial Conventions.

Upon her retirement as President of the Minneapolis V.N.A. in 1931 the N.O.P.H.N. Board gave unanimous permission to the V.N.A. to present Mrs. Lee with a gold N.O.P.H.N. pin in recognition of her years of valuable service. Mrs. Lee was one of the first lay members to be given this privilege.

Mrs. Lee's influence has helped to heal the sick, to encourage nurses to higher professional achievement, to stimulate board members to carry forward a service of high standing. Such a contribution through one radiant personality sharpens our sense of loss and makes doubly real our expression of sorrow to her family and to her close associates in Minneapolis.

SCHOOL  HEALTH

PREVENTION AND EARLY DETECTION OF DEAFNESS*

The audiometer has become an increasingly important tool in the school health program within the last few years. The following report of its use is sent us by a school nurse in the St. Louis, Missouri, Public Schools:

Hearing is without doubt equally as important as vision as a means of acquiring knowledge. Children with serious defects of hearing are sometimes misunderstood by their teachers and erroneously classified as mentally backward. Deprived of the sense of hearing, a child suffers inevitable handicaps Children with discharging ears present a serious problem in school work, and if neglected are likely to become partially or totally deaf. Sometimes serious complications may follow neglected running ears, such as mastoid abscesses which usually require an operation to relieve the condition.

Last year the Division of Hygiene of the St. Louis Board of Education found 382 potentially deaf children in the schools; by this I mean children with discharging ears. However, most of these cases have been successfully treated, thereby preventing possible deafness.

Most cases of acquired deafness in children are usually due directly or indirectly to infection of the nose or throat. Discharging ears are not primarily due to a diseased condition of the ear, but almost invariably the result of an infection which has spread from the nose or throat. We sometimes find this condition following measles or scarlet fever. Earache is usually the first warning sign that there is some trouble going on in the middle ear. Sometimes parents are prone to neglect this important sign. It is an unwise practice to give any treatment for an earache without consulting the physician, as irreparable harm may be done. Those who receive early and skillful treatment for discharging ears usually get well. According to authorities, 80 per cent of deafness can be prevented.

During the current year the Hygiene Division of the Board of Education completed the testing of 18,759 children by means of the audiometer. Of these, 831 or 4.4 per cent were found to have hearing difficulties; 506 of this number had repeated a quarter's work in school one or more times. The retardation of this group was not due entirely to defective hearing, but hearing loss was undoubtedly a contributing factor.

To secure uniformity in detecting the hard of hearing child, a school nurse has been assigned to this work. The reaction of some of the children is quite interesting. After having tested a group of about 600, the nurse was walking through the hall and met a small boy who said to her, "What did I get on that test? My name is Bill."

One little boy who was not known to be deaf in the right ear at the beginning of the test looked about at the other children writing, then suddenly jerked the receiver from the right ear and placing it on the left, began to write immediately. A little girl watched the rest of the children write and seemed to realize for the first time that she could not hear as well as other children. She put her head on her desk and sobbed so loudly that the test had to be stopped until she could be quieted. It was learned that she had had a double mastoid operation and was

*Presented at a meeting of the St. Louis League for the Hard of Hearing, May, 1933.

hard of hearing in both ears. This is the type of child that is recommended to the hard of hearing class, where they are taught lip-reading for one hour each day,—the rest of the time being spent in the regular class room with children who have normal hearing.

EVEN LITTLE CHILDREN TESTED

Very small children who are unable to write numbers are given an individual test by having the child tell the nurse all of the numbers which he hears through the telephone receiver. One little boy listened intently, and then said, "Wind her up, wind her up, she's getting pretty low!" Another complained that he could not hear very well,—somebody must have stepped on the wire. Still another apologized saying, "I haven't got very good ears." All of these things tell us exactly what we want to know in order that we may place the child to his best advantage in the class room.

From the use of the audiometer in the school we have reached the following conclusions:—

1. All pupils previously known to have had defective hearing were also revealed by this test.
2. A number of children not previously known to be hard of hearing were found to have a hearing loss.
3. Pupils handicapped by a hearing loss in one ear only were revealed by the test, while not detected otherwise.
4. Many borderline cases were discovered that may be benefited by being seated in advantageous positions in the class room.
5. An entire school can be tested in two and one-half days, thereby reducing the per capita cost of making tests.
6. Loss of hearing is detected at a time when remedial and preventive measures may be instituted with the greatest hope of success.

BESS McCRACKEN.

RESOLUTIONS FOR A SCHOOL NURSE

I hereby resolve, that:

1. I will work with children, not programs.
2. I will see each child, his family, his classmates and his teacher as they affect one another.
3. I will be sensitive to recognize new opportunities to give service to the child, his family, his school and his community.
4. I will be sensitive to recognize those things which I am doing but which might better be done by another.
5. I will be alert to see opportunities to stimulate others to offer new services and protections to the children of my community.
6. I will help the child to help himself whenever possible.
7. I will help the teacher to help the child.
8. I will help the parent to help the child.
9. I will keep in mind the importance of the child's happiness as well as his physical welfare.
10. In all of this I will maintain my integrity and veracity even unto my statistical records.

Chats, New York State Department of Health.

September *School Life*, published by the Federal Office of Education, carries articles on "Ten Thumbnail Sketches of the Ten New Agencies of Government," "The Children's Code," describing the effect of the child-labor ban, and "Public Works Funds for Schools." *School Life* also tells how to obtain free, or at small cost, the laws, important documents, and mimeograph material describing the new work of the Government.

Articles on the changes in Government will supplement *School Life's* regular service of condensing findings of Federal Office of Education studies for easy reading. Regular features include: New Government Aids for Teachers (maps, pamphlets, films, exhibits) Electrifying Education, Recent Theses in Education, Have You Read?, and Education Abroad.

The fee for *School Life* is 50 cents per year for 10 issues. Subscriptions to begin with the September issue should be entered now with the Superintendent of Documents, Government Printing Office, Washington, D. C. (Check or Money Order).

REVIEWS AND BOOK NOTES

Edited by DOROTHY J. CARTER

FUNDAMENTALS OF PERSONAL HYGIENE
By Walter W. Krueger. W. B. Saunders Company, Philadelphia, 1932. Price $1.75.

The length and excellence of the chapters dealing with posture, physical activity and recreation and rest lead one to suspect that Mr. Krueger teaches physical education. However that may be, he has written an interesting, practical and thoroughly up-to-date and sound book on personal hygiene. High school and college students or any individual would enjoy reading and studying it and would be motivated by it. This is the type of book that would be eminently suitable for study by nurses in training. Graduate nurses would find it profitable and up-to-date. It should be valuable to school nurses as teaching material both for themselves and for the teachers.

Chapter XIII on Health of the Mind is the clearest and most practical treatment of mental hygiene the reviewer has ever seen. It shows that Mr. Krueger knows young people and their problems thoroughly.

The chapter on posture and its bearing on health comes early in the book, as the author states, so that the instructor can "take note of the posture of the students throughout the term and materially aid them in acquiring correct body carriage."

In the chapter on Relation of Air to Health the statement is made that respiratory diseases are usually caused by poor ventilation. This is rather misleading, but in the last chapter when discussing the common cold and its etiology this is corrected.

The health rule to sleep with bedroom windows open in winter as well as in summer needs a few qualifications perhaps. Physicians say too much cold air in a room is not necessarily conducive to health. A rule like this would be sound if people did not take it too literally.

The form and set-up of the material are excellent with questions for class discussion and a bibliography at the end of each chapter. This book is highly recommended. EVA F. MACDOUGALL.

HOME HYGIENE AND CARE OF THE SICK
American Red Cross Textbook. Fourth edition. 60 cents.

One of the most useful books in the world—"Home Hygiene and Care of the Sick"—is celebrating its twentieth birthday with a new edition.

"This fourth revision represents the newer knowledge in preventive medicine. It places increased emphasis on positive health and recognizes the importance of the right start if radiant health is to be the goal reached during all stages in the life of the individual. In keeping with advances in scientific knowledge, the interdependence of physical, mental and emotional health is given due attention throughout the chapters dealing with health. That part of the text devoted to the care of the sick has been revamped slightly to make the steps of the various nursing procedures more clear for the lay reader. Finally the revision reëmphasizes the strategic part the doctor plays in controlling health and disease.

"This revision presents scientific information, in an elementary way, on the subjects of personal hygiene, infant and child care, the control and prevention of communicable diseases, and simple nursing procedures which can be used in the home. It aims to interest and direct the reader or student toward further study. Its immediate objectives are to develop correct attitudes toward health and disease, to inspire the practice of healthful habits of living, and to give to the person caring for the sick in the home simple nursing procedures which will enable her (or him) to carry out the doctor's orders and to help bring the patient back to health in a comfortable

manner and in keeping with medical and nursing knowledge of today."

The order in which the material is presented seems particularly logical and well thought out beginning with individual health and personal hygiene, through home and community environment, the care of infants and children, and so to the care of illness. Public health nurses will welcome this up-to-date and complete edition of this valuable textbook.

THE EXTENT OF ILLNESS AND OF PHYSICAL AND MENTAL DEFECTS PREVAILING IN THE UNITED STATES

By Alden B. Mills. The Committee on the Costs of Medical Care, Publication No. 2, University of Chicago Press. Price 50 cents.

It is a well-known fact that on any given day about two per cent of the working population of the United States is disabled by illness of one type or another. In addition a large number suffer reduced efficiency from sickness not severe enough to disable.

The diseases most frequently listed in studies of illness are as follows:

Colds and bronchial conditions
Influenza and grippe
Digestive diseases and disorders
Diseases of the pharynx, tonsils and larynx
Non-venereal diseases of the genito-urinary system
Diseases of the skin
Headache
Rheumatism.

Interestingly enough, the leading diseases are those that are non-reportable.

In the mental field, statistics indicate that 8 per 1,000 school children are mentally defective and that one out of each 22 of the population will be a patient in a mental hospital. This does not take into consideration the thousands of psychoneuroses that are the result of mental conflict.

Turning to defects, survey after survey shows appalling numbers of defects in both adults and children. In studies made of children, from 65 to 95 per cent were found to have one or more defects.

These are some of the facts brought out in this preliminary survey of the Committee on the Costs of Medical Care. The study "has revealed an extent of illness and physical and mental defectiveness in the population which, in spite of the brilliant scientific work of the last half century, still presents a large unconquered field for medical activities."

—D. J. C.

The following books, many of which have been reviewed in PUBLIC HEALTH NURSING, are in the National Health Council Library, 450 Seventh Avenue, New York, and may be borrowed by N.O.P.H.N. members for the expense of postage and wrapping:

The Adolescent Boy. Winifred V. Richmond. Farrar and Rinehart.

The Child and the Tuberculosis Problem. J. Arthur Myers. Charles C. Thomas.

Community Health Organization. Ira V. Hiscock. Revised 1932. The Commonwealth Fund.

The Curative Value of Light. Edgar Mayer. Appleton.

The Early History of the Infant Welfare Movement. G. F. McCleary, London.

Improvised Equipment in the Home Care of the Sick. Lyla M. Olson. Saunders.

Life Begins at Forty. Walter B. Pitkin. McGraw-Hill.

100,000,000 Guinea Pigs. Kallett and Schlink. Vanguard Press.

Social Work Year Book 1933. Editor: Fred S. Hall. Russell Sage Foundation.

What to Tell the Public About Health. American Public Health Association.

Public health nurses and board members who have been following Gertrude Springer's series of "Miss Bailey" articles in *The Midmonthly Survey*, will welcome the fact that the complete set of eight articles is now available in booklet form. These lively articles published from March-October 1933 give an experienced case work supervisor's discussion of the day-by-day problems of unemployment workers. Included among them is "I Think I'd Better Call a Nurse", an excellent analysis of the social worker-public health nurse relationship. Obtained from the Survey Associates, 112 East 19th Street, New York. Single copies of booklet 30c; reduction on quantity orders.

Nurses—Production, Education, Distribution and Pay presenting a few of the outstanding findings of the study of nursing schools is available in pamphlet form from the Committee on the Grading of Nursing Schools, 450 Seventh Avenue, New York, for 25 cents.

Mass Education by Bertrand Brown appearing in the July Quarterly Bulletin of the Milbank Memorial Fund is now available in reprint form. Milbank Memorial Fund, 40 Wall Street, New York.

FROM THE N.T.A.

Procedure for the Discovery and Care of Tuberculous Children is the title of a recent booklet published by the National Tuberculosis Association. It describes how a case-finding program and how the care of tuberculous children may be organized in a community.

"Any plan for the giving of tuberculosis tests in school should be initiated through carefully prepared instruction on communicable diseases, and tuberculosis should be given a place among the other communicable diseases in this instructional program." This is the conclusion of the Claremont Junior High School Health Committee in Oakland (Cal.), in its report, *A Tuberculosis Survey in a Junior High School as a Means of Health Instruction,* recently made available in reprint form by the National Tuberculosis Association. Detailed suggestions for this carefully planned project are given including samples of the health bulletins of instruction used.

Both may be ordered through your state tuberculosis association.

The problem of the subnormal child in the rural school has bothered many a county nurse. The Connecticut State Board of Education in *Individual Instruction of Subnormal Children* describes an interesting experiment which it conducted in the rural schools of Connecticut. Instead of transporting the child to a central special class, an individual but simple program of teaching was worked out for each child in his own school.

A report of the six years' service of the Child Guidance Institute in New York City has just been published by the Commonwealth Fund which sponsored the Institute as part of its mental hygiene program. The Institute has served as a training agency, child guidance clinic and research center. During the six years of its existence 336 persons received training as psychiatrists, psychologists, or psychiatric social workers, and clinic service was given to 2,641 children. The Commonwealth Fund, 41 East 57th Street, New York City.

The Massachusetts Department of Public Health has arranged a series of ten Lesson Topics for classes of mothers of preschool children with suggested demonstrations, reference reading, etc. A series for prenatal classes is also available.

Are Your Children Healthy? is the name of a useful booklet published by *The Farmer's Wife.* Various leaflets on different phases of child care are also available. Price 5c from The Farmer's Wife, St. Paul, Minnesota. Also, two playlets *Health for Uncle Sam* and *Little Boy Blue Wakes Up* would make excellent material for school use. 10 cents each.

"Carrying the community chest campaign into the schools provides the basis for social education and for developing an attitude of community responsibility not easily secured otherwise," says Arthur J. Todd in a recent reprint entitled *Public Schools and the Community Chest*—35 cents from the Journal of Educational Sociology, Room 42, Press Building, New York University, 26 Washington Place, New York.

The 1933-34 edition of *Mental Hygiene Resources in New York City* is ready and may be obtained for 15 cents a copy from the State Charities Aid Association, 105 East 22nd Street, New York.

A NEW PUBLICATION

The Health Officers' World has made its bow to the public, the official publication of the International Society of Health Officers. Published quarterly for members at 505 W. Cherry Street, Milwaukee, Wisconsin.

NEWS NOTES

An interesting experiment in health education which proved very successful was tried last winter by the Massachusetts Department of Public Health in coöperation with the Cancer Committee of the Boston Health League. Through the medium of these two agencies a lecture on cancer, illustrated by a film, was offered to biology students in a number of the larger colleges in the state. The response was unexpectedly favorable, and as a result approximately 2,500 senior students of biology in 14 of the leading colleges and schools in the state attended the lecture and received scientific information in regard to the problem of cancer.

✣

Malvina G. Nisbet resigned in May as supervising nurse in the Tennessee Department of Public Health after thirteen years with the Department. Miss Nisbet has several "firsts" to her credit. She was the first student nurse in the City of Nashville, the first postgraduate student at the Pennsylvania Hospital in Philadelphia, the first rural nurse in Tennessee. The nurses of Tennessee united in paying her tribute, preceding an extended trip abroad.

✣

The new officers of the National Council of Social Work for 1933-34 are: *President,* William Hodson, New York, N. Y.; *Treasurer,* Charles C. Stillman, Columbus, O.; *General Secretary,* Howard R. Knight, Columbus, O.

✣

The annual meeting of the New Jersey Conference for Social Work will meet at Asbury Park, on December 7-9, and the State Organization for Public Health Nursing is participating in the meeting as an associate group. Miss Katharine Tucker, of the National Organization for Public Health Nursing, will speak at the luncheon meeting.

During the months of October, November and December a series of institutes for nurses will be held in New Jersey under the auspices of the State Department of Public Instruction and the Bureau of Child Hygiene. Speakers have been secured through the New Jersey State Agricultural College. The main topic will be better nutrition for children.

✣

The Annual State School Nurses' Conference of New Jersey will be held at Atlantic City, on November 10-11. The School Nursing Section of the State Organization for Public Health Nursing will hold a meeting on the morning of Friday, November 10.

✣

A nationwide dental survey, investigating every phase of mouth health in every district, is to be undertaken by the United States Department of Health. It will take over two years, and as soon as it is completed, the facts will be available to every member of the American Dental Association. Member dentists will then know exactly what the conditions in their own districts are.

✣

The following nurses have been added to the staff of the W. K. Kellogg Foundation, Battle Creek, Michigan, to serve as teacher nurses in three rural counties:

Marian Wetzel, Barry County
Eleanor Mumford, Barry County
Belle Chrichton, Allegan County
Ruth Kooikes, Allegan County
Mary Simpson, Eaton County
Mabel Zulauf, Eaton County.

✣

Miss Amelia Grant, Director of the Bureau of Nursing, Department of Health, New York, N. Y., has accepted the invitation of the Philadelphia School of Social and Health Work to give an evening extension course in public health nursing, covering an eleven-week period this fall and winter.